

# The Family Court of the State of Delaware

For ☐ New Castle ☐ Kent ☐ Sussex County

## APPEAL OF CHILD ABUSE REGISTRY ADMINISTRATIVE DECISION AND ORDER

### APPELLANT

Name:
Address:
Home Phone:
Work Phone:
Social Security #:
Date of Birth:
Attorney:

### APPELLEE

Name:
Address:
Home Phone:
Work Phone:
Social Security #:
Date of Birth:
Attorney:

File Numbers(s)

Petition Number

PLEASE TAKE NOTICE THAT \_\_\_\_\_ does appeal to the Family Court of the State of Delaware from an administrative decision entered by \_\_\_\_\_ and dated \_\_\_\_\_  
Reason(s) for the appeal:

**A COPY OF THE ADMINISTRATIVE DECISION MUST BE ATTACHED**

Date: \_\_\_\_\_  
Appellant Appellant's Attorney